MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER AFTER 1" AMENDMENT AS FILED 2 MAMENDMENT AFTER IND. I"AMENDMENT DEP. 2 AMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND. TOTAL DEP.

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